DEPARTMENT OF HEALTH AND HUMAN SERVICES HEALTH CARE FINANCING ADMINISTRATION		FORM APPROVED OMB NO. 0938-0193
TEACHT CARE PHANCING ADMINISTRATION	1. TRANSMITTAL NUMBER:	2. STATE:
TRANSMITTAL AND NOTICE OF APPROVAL OF	0 3 — 0 6 MA	New Jersey
STATE PLAN MATERIAL	3. PROGRAM IDENTIFICATION: TIT	LE XIX OF THE SOCIAL
FOR: HEALTH CARE FINANCING ADMINISTRATION	SECURITY ACT (MEDICAID)	
TO: REGIONAL ADMINISTRATOR	4. PROPOSED EFFECTIVE DATE	
HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES	July 1, 2003	
5. TYPE OF PLAN MATERIAL (Check One):		
☐ NEW STATE PLAN ☐ AMENDMENT TO BE CON	ISIDERED AS NEW PLAN	AMENDMENT
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMEN	DMENT (Separate Transmittal for each ar	mendment)
6. FEDERAL STATUTE/REGULATION CITATION:	7. FEDERAL BUDGET IMPACT:	20. 205
42 V.S.C. 1396a(a)(4)		20 . 395 81.579
42 CFR 440.170 and 431.51 8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:	9. PAGE NUMBER OF THE SUPERS	
Attachment 4.19-B, page 14	OR ATTACHMENT (If Applicable):	
Supplement 1 to Attachment 4.19-B, pages 1 & 3	Same	
10. SUBJECT OF AMENDMENT:		
Ambulance Transportation for Dual-Eligibles		
11. GOVERNOR'S REVIEW (Check One):		
_	COTHER, AS SPECIFIED: Not	required per
GOVERNOR'S OFFICE REPORTED NO COMMENT	7.4	of the Plan
 ☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED ☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL 	,	or one rran
	16. RETURN TO:	
we down Harris	Jean Cary	
13. TYPED NAME:	DEIAHS	
Gwendolyn L. Harris 14. TITLE:	P.O. Box 712, # 26	
Commissioner	Trenton, NJ 08625	
15. DATE SUBMITTED:		
9-19-03		
FOR REGIONAL OF	GEORGE SHAPE	
	18. DATE APPROVED:	, 2003
	NE COPY ATTACHED	
19. EFFECTIVE DATE OF APPROVED MATERIAL:	20. SIGNATURE OF REGIONAL DEFICE	AL:
July 1, 2003	ne les	
21. TYPED NAME:	22. TITLE: Associate Regional A	
Sue Kelly	Division of Medicaid and St	ate Operations
23 REMARKS:		
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Instructions on Back

FORM HCFA-179 (07-92)



Attachment 4.19-B Page 14

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT Reimbursement for Services

TRANSPORTATION SERVICES

"Transportation charge" or base allowance (one way or round trip) is an all-inclusive sum which covers the placement and removal of a patient into and out of the vehicle (ambulance or Mobility Assistance Vehicle), at the point of origin and the point of destination.

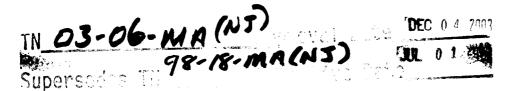
In addition to the "transportation charge," reimbursable transportation services include a loaded-mileage allowance, oxygen allowance, waiting time allowance, (one way only), and extra-crew allowance (MAV service).

Reimbursement for MICU/ALS (Mobile Intensive Care Unit/ Advanced Life Support) services will be made on a reasonable cost basis, based on Medicare principles of reimbursement. There are two components, the MICU component and the transportation component, that must be billed together by the hospital. The transportation component of this service will be billed by the hospital on a reasonable charge basis. When the transportation component is provided by a volunteer ambulance service, there will be no reimbursement by Medicaid for the transportation component.

Reimbursement for transportation provided by medical (clinic) providers who are also approved to provide transportation services is on a fee-for-service basis.

03-06-MA(NJ)

Supersedes 98-18-MA (NJ)





Supplement 1 to Attachment 4.19-B Page 1 OMB No.: 0938-

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

STATE/TERRITORY: New Jersey

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES- OTHER TYPES OF CARE

Payment of Medicare Part A and Part B Deductible/Coinsurance

Pla	scept for a nominal recipient copayment (as specified in Attachment 4.18 of this State an), if applicable, the Medicaid agency uses the following general method for syment:	
1.	Payments are limited to State Plan rates and payment methodologies for the groups and payments listed below and designated with the letters "SP."	
	For specific Medicare services which are not otherwise covered by this State Plan, the Medicaid agency uses Medicare payment rates unless a special rate or method is set out on Page 3 in item of this attachment (see 3. below).	
2.	 Payments are up to the full amount of the Medicare rate for the groups and payments listed below, and designated with the letters "MR." 	
3.	 Payments are up to the amount of a special rate, or according to a special method, described on Page 3 in item of this attachment, for those groups and payments listed below and designated with the letters "NR." 	
4.	Any exceptions to the general methods used for a particular group or payment are specified on Page 3 in item1_ of this attachment (see 3. above).	
Sı	03-06-MA(NJ) upersedes 95-1	
J(TN_03-06 DEC 0 4 2003	

Supers 1/2 78 95-1



Supplement 1 to Attachment 4.19-B Page 3 OMB No.: 0938-

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

STATE/TERRITORY: New Jersey

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES- OTHER TYPES OF CARE

Payment of Medicare Part A and Part B Deductible/Coinsurance

Medicare - Medicaid Dual Eligibles

1. The Medical Assistance Program will pay on behalf of eligible Medical Assistance recipients who are also eligible for Medicare the full amount of any Medicare deductible and coinsurance costs for ambulance services provided to such Medicaid recipients.

03-06-MA(NJ)

Supersedes 95-1

IN. 03-06 Supers 95-1

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